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## BIB DATA SHEET

CONFIRMATION NO. 4671

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/722,129	11/24/2003	705	2876	D-1182 R1
<b>RULE</b>				
<b>APPLICANTS</b> Steven Shepley, Uniontown, OH; Glenda Griswold, North Canton, OH;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/429,249 11/25/2002 and claims benefit of 60/429,250 11/25/2002 and claims benefit of 60/429,476 11/26/2002 and claims benefit of 60/429,521 11/26/2002 and claims benefit of 60/429,528 11/26/2002 and claims benefit of 60/453,370 03/10/2003 and claims benefit of 60/465,733 04/25/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/26/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/DANIEL A HESS/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWINGS</b> 32	<b>TOTAL CLAIMS</b> 34
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> RALPH E. JOCKE walker & jocke LPA 231 SOUTH BROADWAY MEDINA, OH 44256 UNITED STATES				
<b>TITLE</b> Cash dispensing automated banking machine diagnostic system				
<b>FILING FEE RECEIVED</b> 1152	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	